

CHAPTER 9 CARE REVIEW COMMITTEES

321—9.1(231) Care review committees established.

9.1(1) *Committee for each licensed facility.* A care review committee shall be established for each licensed health care facility as defined in Iowa Code section 135C.1, in accordance with Iowa Code section 135C.25 and chapter 231, and shall operate within the scope of these rules.

9.1(2) *Committee membership.* The committee shall consist of at least three members or a number sufficient to maintain a ratio of 1 member to 15 residents with the maximum size not to exceed 12 members. The ratio shall be waived by the department if the committee demonstrates the ability to carry out the functions outlined in these rules with fewer members.

9.1(3) *Committee member residence.* Members shall reside within the service area of the facility.

9.1(4) Rescinded, effective 9/2/87.

321—9.2(231) Application for committee membership. Any individual may apply to the department for membership. AAAs and other organizations are encouraged to recommend names of potential volunteers for care review committee membership to the department.

9.2(1) *Application forms.* Application forms may be obtained from any AAA or the department address in rule 2.1(231).

9.2(2) *Submission of forms.* Each applicant shall complete and submit an application for membership to the department address in rule 2.1(231).

9.2(3) *Membership restriction.* Applications for membership on care review committees will be accepted unless the applicant has an ownership interest in a facility; or is employed by the facility; or is related to an employee, board member, or licensee of the facility; or is a public employee involved with the sponsoring or placement of residents in the facility; or is an administrator of the long-term care facility; or is a professional consultant to the facility. Relatives shall be defined as any one of the following: father, mother, son, daughter, brother, sister, aunt, uncle, first cousin, nephew, niece, wife, husband, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepparent, stepbrother, stepchild, stepsister, half sister, half brother, grandparent or grandchild.

9.2(4) *Waiver of membership restriction.* The waiver of membership restriction for relatives in subrule 9.2(3) may be reviewed and approved by the commission and granted, if it can be documented to the department that efforts have been made individually or jointly by the care review committee, AAA, or the department to contact and recruit alternative applicants.

9.2(5) *Committee membership for facilities for mentally ill, mentally retarded, or developmentally disabled.* Applications for care review committee membership for any facility caring primarily for persons who are mentally ill, mentally retarded, or developmentally disabled shall be accepted only after consultation with the director of the division of mental health, mental retardation and developmental disabilities of the Iowa department of human services. The applications shall be considered acceptable if the director of the division of mental health, mental retardation and developmental disabilities of the Iowa department of human services institutes no disqualifying action within ten days of notification of the proposed appointments.

321—9.3(231) Appointment to care review committees.

9.3(1) *Notification.* Members of the care review committee shall be appointed from individuals whose application for membership has been accepted according to this rule. Appointments shall be made by letter within 45 days of notification of a vacancy by the executive director or designee. Appropriate AAAs and facilities shall be notified of the appointment.

9.3(2) *Traits or skills.* Appointment of care review committee members may be made from accepted applicants who may, but are not required to, possess a combination of the following traits or skills: knowledge of the long-term care system; understanding of the aging process; training in the human services field; experience in complaint identification, processing, and documentation; a com-

mitment to the welfare and rights of residents; and understanding of the types and needs of clients served by the facility.

9.3(3) Preference. Preference for membership on care review committees may be given to applicants with backgrounds and expertise that differ from existing members of the same committee.

321—9.4(231) Cancellation of appointments to care review committees.

9.4(1) Reasons for cancellation. A care review committee member's appointment may be canceled by the executive director for any of the following reasons: falsification of information on the application for membership form, acting as a member without appointment, attending less than one half of the meetings convened each year by the care review committee chairperson, voluntary resignation, and actions which are found by the executive director to violate these rules or the intent of the resident's advocate/ombudsman program.

9.4(2) Filing an objection. A facility administrator who objects to the membership of the care review committee for that facility may file an objection with the executive director. The objection shall be considered and investigated as a confidential complaint.

9.4(3) Notification of cancellation. The executive director shall notify, in writing, the remaining committee members, the appropriate AAA, and the facility of the cancellation of care review committee members' appointments.

321—9.5(231) Request for reconsideration of appointment or cancellation of appointment.

9.5(1) Timeline of request. A request for reconsideration of the decision of the executive director concerning the appointment or cancellation of a care review committee member may be made in writing to the department within 30 days of the written notice of the executive director's decision.

9.5(2) Timeline for response. The executive director shall consider the request and notify the requesting party of the director's decision regarding the request within 30 days of receiving written notice of the request.

321—9.6(231) Care review committee structure and meetings.

9.6(1) Structure. Every committee shall have a chairperson and secretary selected by the membership. The chairperson shall coordinate the activities of the committee. The secretary shall record minutes of each meeting and prepare reports as necessary.

9.6(2) Meetings. The committee shall meet at least quarterly and on other occasions as required to accomplish its responsibilities. The chairperson shall notify all members of the time and place of each meeting.

a. The administrator or staff of the facility shall not attend committee meetings except upon request of the committee.

b. Confidential information shall not be discussed during meetings when members of the general public are present.

c. The secretary shall submit written minutes to the administrator and to the department at the conclusion of each meeting.

d. Committee minutes shall be retained by the facility for a period of at least two years and shall be available to the department of inspections and appeals and the department of elder affairs upon request.

321—9.7(231) Responsibilities of the committee.

9.7(1) Duties. The committee shall represent and advocate for the rights of residents of the facility.

9.7(2) The committee or individual members shall:

a. Conduct a review of each resident annually according to the procedures identified in rule 9.10(231);

b. Investigate complaints and grievances according to the procedures established in rule 9.11(231); and

- c. Participate in a training session approved by the department at least once per year.

321—9.8(231) Committee access and assistance.

9.8(1) Access. The committee shall have access to the facility and private access to the residents.

9.8(2) Assistance to the committee. The committee may request information, advice and counsel from the facility administrator, medical or health professionals or specialists, AAAs, the department or from other state and local agencies.

- a. The physician's certification of care shall be made available to the committee by the administrator of the facility.

- b. Physicians who have patients residing in the facility shall have the responsibility of assisting the committee upon request.

- c. Upon contacting anyone on behalf of residents in the performance of duties, the care review committee member shall clearly identify oneself as a care review committee member who is a volunteer advocate and shall clearly state the purpose and justification for this contact.

321—9.9(231) Confidentiality.

9.9(1) Restriction on access. Care review committee members shall not have access to the following:

- a. Medical, financial or personal records of the residents; or
- b. Records of the social services department of the facility.

9.9(2) Nondisclosure of information. The committee shall not disclose information concerning the residents or the operation of the facility in a manner that will identify individuals or the facility, except to the resident's advocate/ombudsman program or as requested in proceedings involving the investigation of a facility by the department of inspections and appeals.

321—9.10(231) Committee procedures.

9.10(1) Resident reviews. To evaluate the degree of satisfaction that residents have with the quality of life experienced in the facility in which they reside, the following procedures shall be used:

- a. Resident reviews shall be recorded, including responses to questions asked of residents or their representatives.

- b. The committee shall establish a schedule for at least one private interview annually with each resident in the facility.

9.10(2) Review visits. Committee members shall make some visits without prior notice to the facility to observe residents at different times of the day. Committee members shall notify the staff person in charge of the facility that they are in the facility.

9.10(3) Review reports. The report of each resident review shall be discussed and provided to the administrator of the facility following the private interview of the resident. Reports shall be retained by the facility for a period of at least two years. The report shall be available to the department of inspections and appeals and department of elder affairs, upon request.

9.10(4) Complaints and grievances during reviews. Complaints and grievances identified by the resident during resident reviews shall be handled according to subrule 9.11(2) and shall not be recorded with resident reviews.

321—9.11(231) Committee response to complaints and grievances.

9.11(1) General rule. Throughout the investigation of all complaints and grievances, the committee shall maintain objectivity and act as advocates for residents without being adversaries of the facility.

- a. The dignity and privacy of residents will be maintained by all persons involved in a complaint or grievance investigation.

b. The committee may receive and investigate complaints or grievances regarding the rights and welfare of residents of a facility using the procedures appropriate to the source of the complaint, either from an individual or department of inspections and appeals.

c. The committee shall solicit the input of the complainant or resident regarding the complainant's or resident's wishes on action to be pursued by the committee.

d. The purpose of the committee response to complaints or grievances is to seek the mutually satisfactory resolution of problems and prevent unnecessary recourse to regulatory action against a facility. This purpose shall not, however, prevent regulatory action when necessary to protect or achieve the rights of residents.

9.11(2) *Action upon receipt of a complaint or grievance.* Upon receipt of a complaint or grievance, the committee will contact the facility administrator to discuss the allegations, only if the contact does not violate confidentiality, and shall forward a copy of the complaint or grievance to the resident's advocate/ombudsman.

a. Information which may identify the complainant or resident shall be confidential unless the complainant or resident has given written permission to the care review committee for the disclosure of the identity.

b. A committee member will investigate or forward the complaint or grievance to the resident's advocate/ombudsman within seven calendar days of receipt. Life or health threatening complaints will be forwarded within 72 hours,

c. The investigating care review committee member shall make an unannounced visit to the facility, and upon arrival at the facility, may notify the staff person in charge of the facility that the member is in the facility.

d. The committee member investigating the complaint or grievance will, to the extent possible, ascertain the facts of the situation by talking with residents, staff and others who might have information regarding the matter under investigation and through personal observations of conditions and activities in the facility.

e. The committee shall attempt to resolve the situation to the mutual satisfaction of the facility administrator and the complainant.

f. If, after 14 days, a resolution has not been reached, the committee shall file a written report with the resident's advocate/ombudsman program. The report shall document all attempts of resolution pursued by the committee. The resident's advocate/ombudsman program shall forward a copy of the report to the department of inspections and appeals.

g. The committee will inform the complainant of any action taken in response to the complaint or grievance within 20 days of receipt.

321—9.12(231) Complaints referred from the department of inspections and appeals. The following procedures shall apply to complaints referred by the department of inspections and appeals to the department of elder affairs:

9.12(1) *Referral process.* Complaints or grievances received or initiated by the department of inspections and appeals may be referred for investigation to the care review committee by transmittal to the resident's advocate/ombudsman program at the department, address in subrule 2.1(2).

9.12(2) *Confidentiality.* Information that may identify the complainant or resident shall be confidential.

9.12(3) *Notification.* The resident's advocate/ombudsman program will provide adequate information within three days to a member of the appropriate care review committee. Written notification will be provided within seven days.

9.12(4) *Investigation.* A committee member will investigate the complaint or grievance in accordance with rule 9.11(231).

321—9.13(231) Role of the AAAs. AAAs shall carry out the following activities in support of the resident's advocate/ombudsman program:

1. Advise the resident's advocate/ombudsman program on the training needs of care review committees in the planning and service area of the area agency;
2. Assist the resident's advocate/ombudsman program in training and coordinating the training of care review committee members;
3. Distribute department-provided forms if requested by care review committees;
4. Assist care review committees to obtain legal and other technical assistance;
5. Recruit applicants for membership on care review committees; and
6. Assist in the resolution of complaints or grievances being investigated by care review committees or the resident's advocate/ombudsman program as requested.

321—9.14(231) Approval of training.

9.14(1) *Potential provider requirements.* The provider of proposed training for care review committee members shall submit the training agenda, facility, and objectives to the resident's advocate/ombudsman program for approval 30 days prior to the date of the proposed training.

9.14(2) *Timeline for approval or disapproval.* The resident's advocate/ombudsman program shall approve or disapprove the proposal and notify the provider of the proposed training within ten working days of receipt of the proposal.

9.14(3) *Provider reports.* Upon completion of the care review committee training, the provider of the training shall submit a list of the name and address of each care review member trained and the name and address of the long-term care facility at which each trained care review committee member serves, to the resident's advocate/ombudsman program within ten days following completion of the training course.

These rules are intended to implement Iowa Code chapter 231.

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